



ROCK THE BLOCK APPLICATION LOCKLAND, OHIO RTB

MAIL TO: HFHGC, 4910 PARA DRIVE, CINCINNATI, OHIO 45237
Call Helen Spieler if you have questions at 513-482-5604

Dear Applicant(s): PLEASE FILL OUT APPLICATION COMPLETELY AND PROVIDE ALL DOCUMENTATION REQUESTED ON LAST PAGE OF APPLICATION

FAMILY COMPOSITION

NAME OF APPLICANT _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

NAME OF CO-APPLICANT _____
Last First Middle

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH _____

HOME INFORMATION

ADDRESS: _____
Street, City State Zip Code

HOME TELEPHONE #: _____ CELL PHONE #: _____

EMAIL _____

MARITAL STATUS

APPLICANT: Check one: Married Separated Unmarried (single, divorced, widowed)

CO-APPLICANT: Check one: Married Separated Unmarried (single, divorced, widowed)

IS ANYONE IN HOUSEHOLD A VETERAN OF U.S. ARMED FORCES?

Check one: Yes No

IF YES TO THE ABOVE QUESTION, PLEASE COMPLETE THE FOLLOWING:

NAME OF VETERAN _____

WAS VETERAN HONORABLY DISCHARGED? Check one: Yes No

BRANCH OF SERVICE _____ HIGHEST RANK _____

PLEASE PROVIDE COPY OF FORM: DD214 TO VERIFY DISCHARGE STATUS

List all **OTHER PERSONS** that live at the address listed above:

NAME _____ RELATIONSHIP TO APPLICANT _____

BIRTHDATE _____ SEX _____

NAME _____ RELATIONSHIP TO APPLICANT _____

BIRTHDATE _____ SEX _____

NAME _____ RELATIONSHIP TO APPLICANT _____

BIRTHDATE _____ SEX _____

NAME _____ RELATIONSHIP TO APPLICANT _____

BIRTHDATE _____ SEX _____

NAME _____ RELATIONSHIP TO APPLICANT _____

BIRTHDATE _____ SEX _____

(Add an extra sheet if needed)

EMPLOYMENT INCOME

List all current employment wages for all household members, over the age of 18, (excluding minor dependent children and dependents that are full-time students.) Include self-employment earnings.

HOUSEHOLD MEMBER'S NAME	EMPLOYER'S NAME	GROSS EARNINGS PER MONTH (Before taxes or deductions)
		\$
		\$
		\$

OTHER INCOME

Please list all other income. Examples include: Retirement Income, VA Benefits, Social Security, SSI, disability, alimony, child support, pensions, annuities, dividends, income from real estate

HOUSEHOLD MEMBER'S NAME	SOURCE OF INCOME	GROSS EARNINGS per MONTH (Before taxes or deductions)
		\$
		\$

ASSETS

Please list all checking, savings, and retirement accounts for ANY household member that has an account

HOUSEHOLD MEMBER'S NAME	TYPE OF ACCOUNT (CHECK ONE)	NAME OF BANK OR CREDIT UNION
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Retirement <input type="checkbox"/>	
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Retirement <input type="checkbox"/>	
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Retirement <input type="checkbox"/>	
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Retirement <input type="checkbox"/>	

HOUSING DATA

Is home owned by the Applicant/Co-Applicant? Check one: YES NO

Is home the primary residence of the Applicant/Co-Applicant? Check one: YES NO

Year Purchased: _____

Please list below the critical repair needs for your home. In addition, we would like to know all or your repair concerns in case other programs may be available to assist.

Any code violations or citations against the property from your local community? Check one: YES NO

If yes, please provide brief description below for each citation and attach copies of the citations to the application on following page.

PARTNERSHIP

Rock the Block requires the partnership of each homeowner to make a successful neighborhood event. Do you commit to each of the following? **NOTE:** We must have this application completed and ALL required documentation or we will not be able to include your home in this neighborhood event.

- Will you, and your family, commit to volunteer the entire day during the Rock the Block event? YES NO
- Will you commit to meeting with Habitat in the week(s) AFTER the Rock the Block to review and sign off on the scope of work that was completed at your home? YES NO
- Are you willing to pay \$20.00 to Habitat for Humanity to include your home in Rock the Block, providing minor exterior maintenance and beautification for your home? YES NO

CHECKLIST

The following documentation is attached to my application:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Copies of (2) of the following documents for the Applicant and Co-Applicant: Driver's license, Permanent Resident Card (Green card), Social Security card, State photo I.D., Passport |
| <input type="checkbox"/> | <input type="checkbox"/> | Paystubs for the prior three months for each person in household over age 18 that is currently employed |
| <input type="checkbox"/> | <input type="checkbox"/> | Verification of "other" income such as Social Security, VA Benefits, pensions, SSI, retirement, child support for each person in household receiving such income |
| <input type="checkbox"/> | <input type="checkbox"/> | Copy of 2016 Federal Tax Return for each person in household that filed a return for 2016 |
| <input type="checkbox"/> | <input type="checkbox"/> | Current statement for each checking account for any person in household that has account |
| <input type="checkbox"/> | <input type="checkbox"/> | Current statement for any savings accounts for any person who has savings account |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of Homeowner's Insurance (or reason why insurance has lapsed) |
| <input type="checkbox"/> | <input type="checkbox"/> | ONLY IF A VETERAN: Provide a copy of Form DD214 to verify honorable discharge from Military service for any Veteran living in the household If you would like to be considered for other source of possible repair funds. |

APPLICANT CERTIFICATION

I/we understand that by filing out this application and signing below, I am authorizing Habitat for Humanity of Greater Cincinnati to verify credit and employment verification, including a credit check and also a screen on sexual offender registry. I have answered all of the questions on this application truthfully. I understand that if I have not answered the questions truthfully, the application may be denied, even if I have been approved for The Repairs Corps. The original copy of this application will be retained by Habitat for Humanity of Greater Cincinnati, even if the application is not approved, for at least a period of three years.

Applicant Signature

Date

Co-Applicant Signature

Date